| Sider the Pap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | er Reduction                           | n Act of 1995, no  | persons :     | are require                                           | U.<br>d to respond to a | .S. Patent | t and Trad          | lemark Offi | ice: U S               | PTO/SB/21 (08-03)<br>rough 07/31/2006. OMB 0651-0031<br>S. DEPARTMENT OF COMMERCE<br>splays a valid OMB control number. |
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| A STATE OF THE PARTY OF THE PAR |                                        |                    |               |                                                       | tion Number             |            | 10/646,             |             |                        |                                                                                                                         |
| TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                    |               | Filing D                                              | ate                     |            | August 22, 2003     |             |                        |                                                                                                                         |
| FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                    |               | First Na                                              | amed Inventor           |            | Bardy, Gust H.      |             |                        |                                                                                                                         |
| (to be used for all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | corresponde                            | ence after initial | filing)       | Art Unit                                              |                         |            | Unassigned          |             |                        |                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                    | Examin        | er Name                                               |                         | Unassigned |                     |             |                        |                                                                                                                         |
| Total Number of Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ages in This                           | Submission         |               | Attorne                                               | y Docket Num            | ber        | 020.0337.US.CON     |             |                        |                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENCLOSURES (check all that apply)      |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                    |               |                                                       | , , , ,                 | K all the  | ат арріу)           |             | Aftor                  | Allowance communication                                                                                                 |
| Fee Trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | smittal For                            | m                  |               | Drawing                                               | (S)                     |            |                     |             | to Gr                  |                                                                                                                         |
| Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Attached                               |                    |               | Licensin                                              | g-related Pap           | ers        |                     |             |                        | al Communication to Board<br>peals and Interferences                                                                    |
| Amendme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ent / Reply                            |                    |               | Petition                                              |                         |            |                     |             | Appe                   | eal Communication to Group<br>eal Notice, Brief, Reply Brief)                                                           |
| Afte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | er Final                               |                    |               |                                                       | to Convert to           |            |                     |             | Prop                   | rietary Information                                                                                                     |
| Affi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | davits/decl                            | aration(s)         | ΙП            | Provisional Application Power of Attorney, Revocation |                         |            | П                   | Statu       | ıs Letter              |                                                                                                                         |
| Extension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of Time R                              | equest             |               | Change of Correspondence Address  Terminal Disclaimer |                         |            | ×                   | Othe        | r Enclosure(s) (please |                                                                                                                         |
| Everes A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | handonmo                               | nt Request         |               |                                                       |                         |            | 21161               |             | ify below):            |                                                                                                                         |
| L Expless A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wandonne                               | iii Requesi        | $  \sqcup  $  | · 1                                                   |                         |            | 3 U.S. I<br>Postcai |             | its                    |                                                                                                                         |
| X Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | CD, Nur            | mber of CD(s) |                                                       |                         | 1 00.00.   |                     | •           |                        |                                                                                                                         |
| Certified C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Certified Copy of Priority Document(s) |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to Missing<br>e Application            |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
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| Firm<br>or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Law Office                             | es of Patrick      | J.S. Inou     | ye                                                    |                         |            |                     |             |                        |                                                                                                                         |
| Individual name Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>                               |                    | 112           | 14                                                    |                         |            |                     |             |                        |                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
| Date March 15, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                    |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
| Type or printed nar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne Lari                                | ssa V. Pigott      |               |                                                       |                         |            |                     |             |                        |                                                                                                                         |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                      | 20,000             | Par           | H-                                                    |                         |            |                     | п           | ate                    | March 15, 2004                                                                                                          |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.** 



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: Unassigned

Examiner: Unassigned

Applicant(s): Bardy

Serial No.: 10/646,035

Filed: August 22, 2003

Title: System And Method For Collection

And Analysis Of Regularly Retrieved Patient Information For Automated

Remote Patient Care

Attorney Docket No.: 020.0337.US.CON

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

## INFORMATION DISCLOSURE STATEMENT

Dear Sir:

V

This Information Disclosure Statement is submitted:

| <u>X</u> | under 37 CFR 1.97(b), or                                                                                                                                                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | (Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last) |
|          |                                                                                                                                                                                         |

under 37 CFR 1.97(c) together with either a:

\_\_ Statement under 37 CFR 1.97(e), or

\_\_ a \$180.00 fee under 37 CFR 1.17(p), or (After the CFR 1.97(b) time period, but before final action or notice of

allowance, whichever occurs first)

\_\_\_ under 37 CFR 1.97(d) together with a:

\_\_ Statement under 37 CFR 1.97(e), and

\_\_\_ a \$180.00 fee set forth in 37 CFR 1.17(p).

(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

X Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

**Customer Number: 22895** 

Patrick J.S. Inouve

Attorney/Agent for Applicant(s)

Reg. No. 40297

Date: March 15, 2004

Telephone No.: (206) 381-3900

PTO/SB/08a (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

| Maria de la companya |                                   |     |     | Complete if Known      |                 |  |  |  |
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| Substitute for form 1449A/PTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |     |     | Application Number     | 10/646,035      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>INFORMATION DISCI</b>          | LOS | URE | Filing Date            | August 22, 2003 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATEMENT BY APP                  | LIC | ANT | First Named Inventor   | Bardy, Gust H.  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |     |     | Art Unit_              | Unassigned      |  |  |  |
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| Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                 | of  | 11  | Attorney Docket Number | 020.0337.US.CON |  |  |  |

|                       | U.S. PATENT DOCUMENTS |                                                             |                             |                                                    |                                                                                 |  |  |  |  |  |
|-----------------------|-----------------------|-------------------------------------------------------------|-----------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|
| Examiner<br>Initials* | Cite<br>No.1          | Document Number  Number - Kind Code <sup>2 (if known)</sup> | Publication Date MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |  |  |  |  |  |
|                       |                       | US-5,769,074                                                | 06-23-1998                  | Barnhill et al.                                    |                                                                                 |  |  |  |  |  |
|                       |                       | US-5,133,346                                                | 07-28-1992                  | Kulkarni                                           |                                                                                 |  |  |  |  |  |
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|                       |                       | US-                                                         |                             |                                                    |                                                                                 |  |  |  |  |  |
|                       | <u> </u>              | US-                                                         |                             |                                                    |                                                                                 |  |  |  |  |  |
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|                       |                       | US-                                                         |                             |                                                    |                                                                                 |  |  |  |  |  |
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| . FOREIGN PATENT DOCUMENTS                        |              |                                                                                                                       |                                |                                                    |                                                                                 |                |  |  |
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| Examiner<br>Initials*                             | Cite<br>No.1 | Foreign Patent Document  Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> ( <i>if known</i> ) | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>or Relevant Figures Appear | T <sub>6</sub> |  |  |
|                                                   | 110.         | Country Code - Number - Kirld Code (ir known)                                                                         |                                |                                                    | Or nelevant rigules Appear                                                      |                |  |  |
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|                                                   |              |                                                                                                                       |                                |                                                    |                                                                                 |                |  |  |

| Examiner  | <br>Date   |  |
|-----------|------------|--|
| Signature | Considered |  |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 'Applicant's unique citation designation number (optional). 'See Kinds Codes of USPTO Patent Documents at <a href="www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. 'Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 'For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 'Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 'Applicant is to place a check mark here if English language Translation is attached.

Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.